

|  |                         |              |                        |                                  |
|--|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/447,900<br>REISSUE | FILING DATE<br>11/15/99 | CLASS<br>359 | GROUP ART UNIT<br>2872 | ATTORNEY DOCKET NO.<br>93SC024RE |
|--|-------------------------|--------------|------------------------|----------------------------------|

  

APPLICANT

BRUCE K. WINKER, THOUSAND OAKS, CA.

  

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED      THIS APPLN IS A RE OF      08/313,532 09/30/94 PAT      5,612,801  
    WHICH IS A CIP OF      08/223,251 04/04/94 PAT      5,504,603

Q ol

  

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED  
Q ol

  

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED  
Q ol

  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/30/99

|  |                        |                      |                   |                         |
|--|------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>12 | TOTAL CLAIMS<br>7 | INDEPENDENT CLAIMS<br>2 |
|--|------------------------|----------------------|-------------------|-------------------------|

Verified and Acknowledged Q ol Examiner's Initials Initials

  

ADDRESS

JOHN J DEINKEN  
 ROCKWELL SCIENCE CENTER  
 PO BOX 1085  
 MAIL CODE A15  
 THOUSAND OAKS CA 91358-0085

  

TITLE

MONOLITHIC OPTICAL COMPENSATION DEVICE FOR IMPROVED VIEWING ANGLE IN LIQUID CRYSTAL DISPLAYS

  

|                                  |   |   |
|----------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$760 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------------|---|---|